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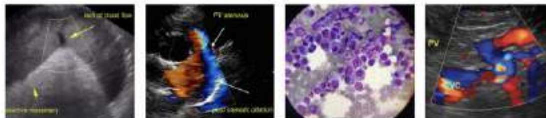


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT
Lannie Oyer

SPECIES
Canine

BREED
Shepherd Mix

SEX
Female Spayed

AGE
6 Yrs

WEIGHT

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME
Southeast Veterinary Dermatology

REFERRING VET
Dr. Randy Thomas

INVOICE
11923kk

DATE
9/30/21

PRESENTING CLINICAL SIGNS

The patient has pemphigus foliaceus and is currently being treated with Dexamethasone. She has elevated liver enzymes. The ALT is disproportionately elevated relative to the ALP. She was on Cyclosporin but developed diarrhea. Cyclosporin was discontinued and the diarrhea has persisted.

ULTRASONOGRAPHIC EXAMINATION OF THE

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in length with a slightly flattened contour (0.61 cm at cranial pole) (0.51 cm at caudal pole) (2.06 cm in length); homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in length with a slightly flattened contour (0.47 cm at cranial pole) (0.41 cm at caudal pole) (1.45 cm in length); homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

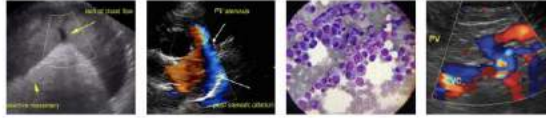
The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogeneous in appearance. No distinct focal lesions are observed. Hepatic vascular and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is moderately distended. The wall is normal in thickness. A moderate to large amount of aggregated, echogenic to mineralized, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall



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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

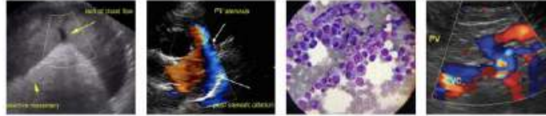
- Non-specific, diffuse hepatopathy. Differentials include inflammatory/immune-mediated disease, hepatotoxicosis (i.e., copper, drug-induced), infiltrative neoplasia (unlikely), +/- concurrent vacuolar hepatopathy secondary to chronic dexamethasone therapy.
- Gall bladder sludge – non-mucocele
- The bilateral adrenal changes are likely secondary to chronic corticosteroid use.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of immunosuppression, bacterial cholangiohepatitis and corticosteroid hepatopathy are considerations. Consider empirical treatment with broad-spectrum antibiotic therapy (i.e., fluroquinolone, amoxicillin-clavulanic acid) along with Denamarin and recheck liver values in 7-10 days. If no improvement in the liver values is seen at that time, a liver biopsy with aerobic and anaerobic bile cultures as well as acquisition of additional hepatic tissue samples for copper quantitation may be warranted. If liver values do improve, the treatment regimen should be continued for at least 4-6 weeks and one week beyond normalization of the ALT. If possible, a reduction in corticosteroid dose is recommended to help reduce the patient's level of immunosuppression.

Regarding the persistent diarrhea, consider the following:

1. Supplementation with a probiotic with a high colony count (i.e., Visbiome or Proviable Forte)
2. Fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole at 50 mg/kg PO q 24 hours for 5 days. Repeat protocol in 3 weeks.
4. Malabsorption panel (cobalamin, folate, TLI, PLI)
5. Empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin



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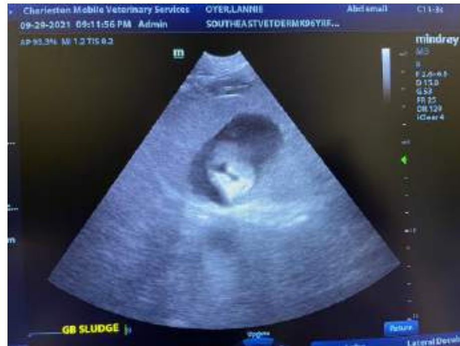
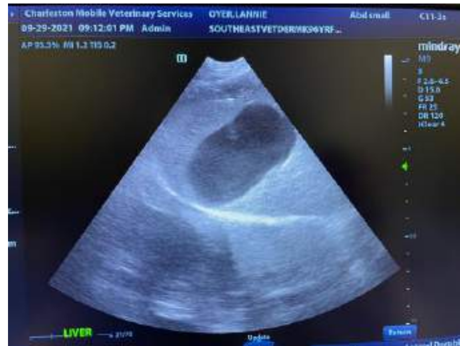
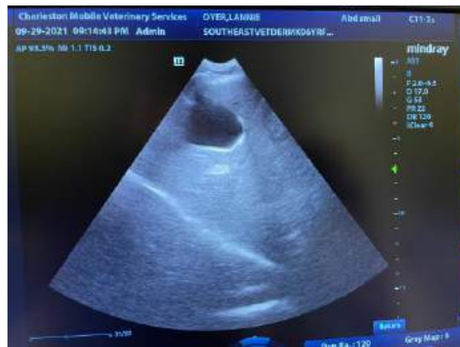
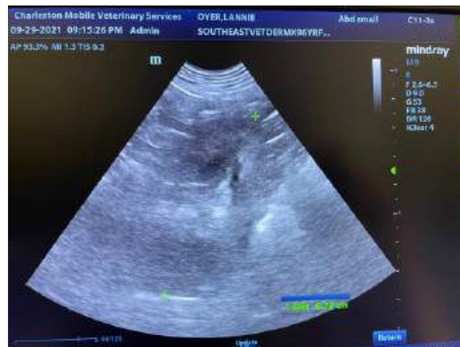
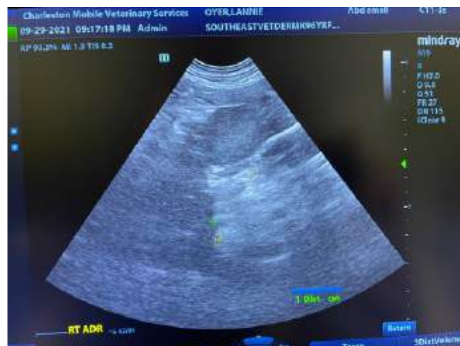
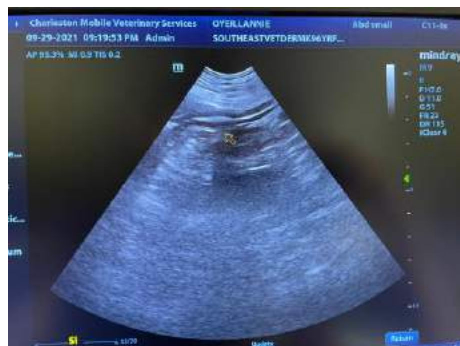


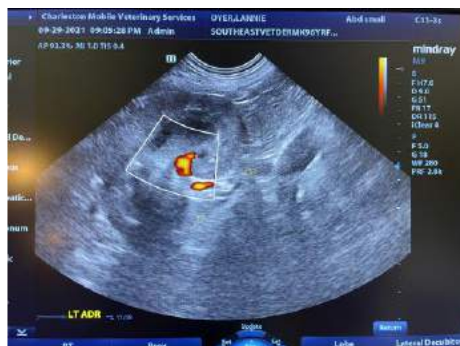






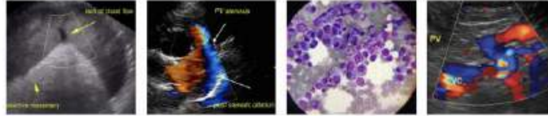






The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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Andrea.Nicastro@CharlestonMobile.net